Consent for Post Mortem Examination of an Adult

V2.0

This form MUST NOT be used for first trimester losses or for post-mortem examinations ordered by the Coroner.

Once this form has been completed and signed, two photocopies should be made.

The original should be given to the person giving consent, one of the copies should go in the medical notes, the final copy should go to the Mortuary with case notes.

Further copies can be made if necessary.
Name of deceased:  (Patient ID label to be used)

Date of birth:

Date of death:

Consultant in charge of the patient:

This form enables you to consent to a post-mortem examination of the body of the person named above. Please read it carefully with the person obtaining consent from you. For each section tick the relevant box to indicate your decisions and sign beneath each section.

☐ I confirm that I have had the opportunity to read and understand the Consent for Post Mortem: Information for relatives and carers.

☐ I confirm that my questions about the post-mortem examination have been answered to my satisfaction and understanding.

Signed by……………………………………..Name………………………………………………

Part 1: Post-mortem examination

A post-mortem examination may be full or limited. The benefits and disadvantages of each will be explained to you. Please choose one of the following options.

Option 1: Consent to a full post-mortem examination

☐ I consent to a full post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that the reason for the examination is to further explain the cause of death and study the effects of disease and treatment.

Option 2: Consent to a limited post-mortem examination

☐ I consent to a limited post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that this may limit the information about the cause of death and effects of treatment.

I wish to limit the examination to:

☐ The head and mouth cavity, including the brain
☐ The chest and neck
☐ The abdomen and pelvis
☐ Other (please specify) …………………………………………………….

Option 3: Consent to a non-invasive post-mortem examination

☐ I consent to a non-invasive post-mortem examination of the body of the person named above. I am not aware that he / she objected to this. I understand that this may limit the information about the cause of death and effects of treatment.

Signed by……………………………………..Name………………………………………………
Part 2: Retention and future use of tissue samples

As part of a full or limited post-mortem examination tissue samples and small amounts of bodily fluids may be taken and used to determine the diagnosis and extent of the disease. Bodily fluids will usually be disposed of following a diagnosis. However, the tissue samples removed during a post-mortem examination can be stored for use in the future. The storage of the tissue samples and their later use require your consent. These samples can be valuable for the education and training of healthcare professionals, research and other purposes. Please indicate whether you consent to this:

- I consent to the tissue samples being stored for future use, and
- I consent to the tissue samples being used for the purpose of evaluating the efficacy of any drug or treatment administered to the deceased, or for review on behalf of the family if a need arises
- I consent to tissue samples being used for education and training relating to human health, quality assurance, public health monitoring or clinical audit
- I consent to the tissue samples being used for research that has been approved by an appropriate ethics committee

If you decide tissue samples should not be kept after the post-mortem examination, further diagnosis will not be possible and the tissue samples will be disposed of.

- I wish the hospital to dispose of any retained tissue samples
- I will make my own arrangements for lawful disposal of any retained tissue samples [See guidance note 1]

Signed by……………………………………..Name………………………………………………

Part 3: Retention of organs for more detailed examination

As part of a full or limited post-mortem examination, it may be necessary to retain some organs for more detailed examination. The person explaining about the post-mortem examination will tell you what may be required. The retention of organs for more detailed examination requires your consent. Please indicate whether you consent to this:

- I consent to the retention, for more detailed examination, of the following organ(s):

  ……………………………………………………………………………………………………………
  ……………………………………………………………………………………………

Disposal of retained organs

After more detailed examination of organs removed during a post-mortem examination, they must be either stored for specified uses or disposed of in a lawful manner. You have the option of donating retained organs for research or medical education. Please indicate your wishes by choosing one of the following options:

- I wish to donate retained organ(s) for research into related diseases, after which they will be disposed of lawfully
☐ I wish to donate retained organ(s) for education, after which they will be disposed of lawfully
☐ I wish the hospital to lawfully dispose of any retained organ(s), without them being used for research and/or education
☐ I will make my own arrangements for lawful disposal of any retained organ(s) [See guidance note 1]

Signed by………………………………………………Name………………………………………………

Other requirements of the post-mortem examination

In some cases there may be further requirements of the post-mortem examination, such as genetic testing of tissue samples. The person explaining about the post-mortem examination will explain these to you. Other requests or conditions which you would like to make:
…………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………

Thank you for consenting to a post-mortem examination. You can change your mind about any of the decisions you have made, although there may be a short time limit for some of these. If you wish to make changes to anything you have consented to, or wish to withdraw your consent, please contact (insert contact details)…………………………………………… as soon as possible and not later than………………………………… [See guidance note 2].

Please do not hesitate to contact the if you have any questions.

Signed……………………………………………Name ……………………………………
Address…………………………………………………………………………………………
……………………………………………………………………………………………………Tel no.……………………………………

Relationship to the deceased ……………………………Date ………………… [See guidance note 3]

Refusal of consent

This section is to confirm that, following a conversation with the doctor named below, the offer to the next of kin to have a post-mortem examination has been refused.

Name of individual/relative(s) confirming refusal (please print): ……………..  ………………………
Relationship(s) to the deceased: …………………………………………………………………………
Signature(s): ……………………………………………………………………………………………
Date: ……………………………
Details of person obtaining consent

Name ……………………………………………………Job title …………………………………..

Contact details………………………………………………………………………………………………

Checklist for person(s) obtaining consent

- I confirm that the person consenting has a full understanding of the post-mortem examination procedure

- I confirm that I have checked that the person consenting is the appropriate person for the purposes of the Human Tissue Act 2004 [See guidance note 3]

- I have discussed tissue samples being retained for future use and the potential uses for the tissue that is retained

- Consent is indicated by boxes which are ticked and signature of the person giving consent

- I have discussed any special requests or conditions concerning the post-mortem examination procedure

- Where appropriate, I have discussed the requirements of the post-mortem examination with………………………………………………………………………………… [insert name of pathologist]

Signed…………………………………………………..Date………………………………

- I have offered a photocopy of this form to the person giving consent

- If consent is subsequently withdrawn, either for the entire post-mortem examination, or for specific sections of it, each page of each copy of the form (or the relevant section(s)) should be clearly struck through. The person taking the withdrawal should also sign and date the form clearly, and note action taken to inform the mortuary (the date and time and member of mortuary staff informed).
Appendix 2

Guidance notes
Guidance notes are indicated in this form and offer extra guidance in specific areas.

- **Guidance note 1**
  If the wishes of the relatives are to reunite organs and tissue with the body before burial or cremation, the establishment should have a system of checking that any retained tissue is accounted for before the body is released to the family. If there is tissue not accounted for, the establishment should have a clear procedure for the course of action to be followed. Efforts should be made to keep the relatives informed throughout the process.

  Tissue blocks and glass slides should not be placed inside the body for the purpose of reuniting tissues with the deceased, and this should be discussed with the relatives during the consenting process. Blocks and slides should be placed in a suitable container and transported with the body should the family wish to delay the funeral until they are returned.

  If retained tissue cannot be reunited with the body before it is released for burial or cremation, the establishment should have a procedure that ensures the relatives are informed and that there is prompt and appropriate disposal in accordance with the Code of Practice on Disposal of Human Tissue.

- **Guidance note 2**
  Once a decision has been made to proceed with the PM examination and consent has been given, the family should be given the opportunity to change their minds or to change the scope of the PM examination. The time relatives have to reflect on their decision and the point up to which they may withdraw their consent should be clearly stated and should not be less than 12 hours. The HTA recommends 24 hours.

- **Guidance note 3**
  Staff seeking consent must ensure that they have appropriate consent, in line with the Human Tissue Act 2004. Staff must ensure that consent is obtained from, in this order:
  1. **the person concerned** - where an adult has, whilst alive, given valid consent for a post-mortem examination to take place after their death, this consent is sufficient
  2. their **nominated representative** - the Human Tissue Act 2004 sets out the terms for valid appointment of a nominated representative. See the code of practice on Consent for more information www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice.cfm
     or, in the absence of either of the above,
  3. a person in a **qualifying relationship** with the deceased immediately before their death.

  Consent must be obtained from the person ranked highest in the hierarchy and is only needed from one person in the hierarchy:

**Hierarchy of qualifying relationships** Persons are ranked in the following descending order:
  a) spouse or partner (including civil or same sex partner)
  b) parent or child (in this context a child may be of any age)
  c) brother or sister
  d) grandparent or grandchild
  e) niece or nephew
  f) stepfather or stepmother
  g) half-brother or half-sister
  h) friend of long standing